



Office of General Services
Office of Business Diversity


Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION
Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: (518) 486-9284 FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.
Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: Stalco Construction Inc. 1316 Moror Parkway Islandia, NY 11749		Contract Description/Location: REPLACE INDUCTION UNITS, BUILDING 80 SAGAMORE CHILDREN'S PSYCHIATRIC CENTER 197 HALF HOLLOW ROAD, DIX HILLS, NY		Date Proposal Approved:	Date Printed:	Bid Date: 2/15/2023	SDVOB GOAL 6%
Federal ID No.: 11-3149290		Work/Job Order:		OGS Project Number: 47045C	Work Order Value:	Contract Amount: 764,000.00	
Certified SDVOB Name, Address and Phone No. LGA Construction Corp. 46 Mechanic Street Huntington, NY 11743 631-944-2987 Federal ID No.: 37-1834876		Description of Subcontracting/Supplies ACT Ceiling Labor		Anticipated performance/purchase date(s) 3/1/2023	Dollar Value of Subcontract/Supplies \$46,695.55	FOR OGS USE ONLY	
Federal ID No.:						SEE BDC 328.15	
Federal ID No.:							
Federal ID No.:							
Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:					
Contractor's Signature: Enter Name: Joseph Serpe		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued					

Title: Vice President		SDVOB % _____ \$ _____	
E-Mail Address: joes@etalcoconstruction.com	Date: 2/17/2023	OGS Authorized Signature: 	Enter Name: Shafia Booker
			Date: 02/24/2023